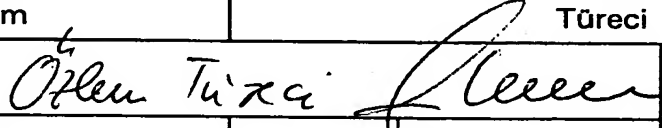
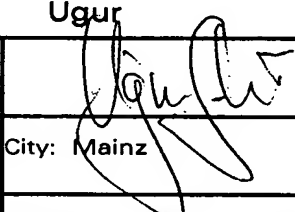



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	VOS-120											
		First Named Inventor	Özlem Türeçli											
<input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing		COMPLETE IF KNOWN												
		Application Number	10/575,640											
		Filing Date	April 13, 2006											
		Group Art Unit												
		Examiner Name												
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">RECOMBINANT VACCINES AND USE THEREOF</p> <p>the specification of which:</p> <p><input type="checkbox"/> is attached hereto;</p> <p><input checked="" type="checkbox"/> was filed on <u>13 October 2004</u> as PCT International Application Number <u>PCT/EP2004/011512</u> and was amended on _____.</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.</p>														
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Prior Foreign Application Number(s)</th> <th style="width: 20%;">Country</th> <th style="width: 20%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 10%;">Priority Not Claimed</th> <th style="width: 30%;">Certified Copy Attached? YES NO</th> </tr> </thead> <tbody> <tr> <td>103 47 710.1</td> <td>Germany</td> <td>10/14/2003</td> <td> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </tbody> </table>					Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	103 47 710.1	Germany	10/14/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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103 47 710.1	Germany	10/14/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.														
<p>I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Application Number(s)</th> <th style="width: 30%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td> <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto. </td> </tr> </tbody> </table>					Application Number(s)	Foreign Filing Date (MM/DD/YYYY)				<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.				
Application Number(s)	Foreign Filing Date (MM/DD/YYYY)													
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.												

DECLARATION		Utility or Design Patent Application	
<small>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.</small>			
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	
PCT/EP2004/011512		10/13/2004	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.			
As a named inventor, I hereby appoint the individuals of the firm of Olson & Hierl, Ltd. associated with the following customer number to prosecute this application and to transact all business connected therewith in the Patent and Trademark Office: <input checked="" type="checkbox"/> Customer Number <u>002387</u> Whose name/registration numbers are listed below:			
Name	Registration Number	Name	Registration Number
Arne M. Olson	30,203	Michael A. Hierl	29,807
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Seymour Rothstein	19,369	Matthew D. Kellam	48,442
Joseph M. Kuo	38,943	Dennis H. Ma	46,890
Robert J. Ross	45,058	Bruce R. Mansfield	29,086
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <u>002387</u> Whose mailing address for this application is below:			
Name ATTENTION: Talivaldis Cepuritis OLSON & HIERL, LTD.			
Address 20 North Wacker Drive, 36th Floor			
City Chicago	State IL	ZIP 60606	
Country US	Telephone (312) 580-1180	Fax (312) 580-1189	
<small>I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle, if any)		Family Name or Surname	
Özlem		Türeci	
Inventor's signature			Date: <u>1-8-2006</u>
Residence	City : Mainz	State	Country: Germany Citizenship: DE
Post Office Address	Philipp von Zabern Platz 1		
	City: Mainz	State	ZIP: 55116 Country Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheet(s) attached here			

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Ugur		Sahin		
Inventor's signature			Date: 01.08.2006	
Residence	City: Mainz	State	Country: Germany	Citizenship: TR
Post Office Address	Philipp von Zabern Platz 1			
	City: Mainz	State	ZIP: 55116	Country: DE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Sebastian		Kreiter		
Inventor's signature			Date: 8.8.06	
Residence	City: Mainz	State	Country: Germany	Citizenship: DE
Post Office Address	Külbstrasse 16			
	City: Mainz	State	ZIP: 55131	Country: DE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature			Date:	
Residence	City	State	Country	Citizenship
Post Office Address				
	City	State	ZIP	Country